
State:	District of Columbia	Filing Company:	Great American Insurance Company
TOI/Sub-TOI:	23.0 Fidelity/23.0000 Fidelity		
Product Name:	19240 - Financial Institutions Insuring Agreements		
Project Name/Number:	19240 - Financial Institutions Insuring Agreements/19240 - Financial Institutions Insuring Agreements		

Filing at a Glance

Company:	Great American Insurance Company
Product Name:	19240 - Financial Institutions Insuring Agreements
State:	District of Columbia
TOI:	23.0 Fidelity
Sub-TOI:	23.0000 Fidelity
Filing Type:	Form
Date Submitted:	11/11/2019
SERFF Tr Num:	GACX-132149623
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	18-0350 - 19240
Effective Date	01/01/2020
Requested (New):	
Effective Date	01/01/2020
Requested (Renewal):	
Author(s):	Alexander Darden
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name: 19240 - Financial Institutions Insuring Agreements	Status of Filing in Domicile:
Project Number: 19240 - Financial Institutions Insuring Agreements	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/11/2019	
State Status Changed:	Deemer Date:
Created By: Alexander Darden	Submitted By: Alexander Darden
Corresponding Filing Tracking Number:	

Filing Description:

FI 7360 – Excess Securities Rider

The purpose of this rider is to allow for an increase in the coverage provided under Insuring Agreement B-On Premises when the Insured has greater than the Primary Limit provided as respects Securities held at a given location.

This rider is optional at the request of the insured and will be added at a 2.5% additional premium of what is computed for “Basic Coverage”.

FI 7809 – Indemnity for Injury or Death Rider

The purpose of this rider is to provide Maximum of \$25,000 paid to the Insured if someone as described, suffers an injury or death due to a loss covered as defined and on the premises of the Insured.

This rider is optional at the request of the insured and will be added at a 1% additional premium of what is computed for “Basic Coverage”.

Company and Contact

Filing Contact Information

Alexander Darden, State Filer	adarden@gaig.com
49 East 4th Street	513-412-9468 [Phone]
Dixie Terminal North 3	
Ohio	
Cincinnati, OH 45202	

Filing Company Information

Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
301 E. 4th Street	Group Code: 84	Company Type:
Cincinnati, OH 45202	Group Name: Great American Insurance Group	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

Filing Fees

State:	District of Columbia	Filing Company:	Great American Insurance Company
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Fee Required? No

Retaliatory? No

Fee Explanation:

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		EXCESS SECURITIES RIDER	FI 73 60	(Ed. 12/19)	END	New		43.610	FI7360_1219.pdf
2		INDEMNITY FOR INJURY OR DEATH	FI 78 09	(Ed. 12/19)	END	New		65.690	FI7809_1219.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

EXCESS SECURITIES RIDER

RIDER NO.

To be attached to and form part of **FINANCIAL INSTITUTION BOND STANDARD FORM** **No.**

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in favor of

It is agreed that:

1. The attached Bond is amended by adding an additional Insuring Agreement as follows:

EXCESS SECURITIES

Loss of Certificated Securities exceeding the Single Loss Limit of Insuring Agreement B of the attached Bond entitled On Premises and resulting directly from:

- (a) robbery, burglary, misplacement, mysterious unexplainable disappearance and damage thereto or destruction thereof; or
 - (b) theft, false pretenses or common-law or statutory larceny, committed by a person physically present in an office or on the premises of the Insured at the time the Certificated Securities were surrendered, while such Certificated Securities are lodged or deposited within offices or premises located anywhere except those offices set forth in the Declarations.
2. The Single Loss Limit of Liability and Single Loss Deductible applicable to loss under this Insuring Agreement are set forth in the Declarations.
 3. All other Terms, Conditions and Exclusions of the Financial Institution Bond for which this Rider is attached remain unchanged.
 4. This Rider is effective as of 12:01 a.m. on _____ standard time as specified in the attached Bond.

INDEMNITY FOR INJURY OR DEATH

RIDER NO.

To be attached to and form part of **FINANCIAL INSTITUTION BOND STANDARD FORM 24 No.**

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in favor of

It is agreed that:

1. The attached Bond is amended by adding an additional Insuring Agreement as follows:

INDEMNITY FOR INJURY OR DEATH

Loss as a result of payments of Money made by the Insured to a member of its Board of Directors or to an Employee or to a survivor or estates of a member of the Board of Directors of the Insured or an Employee, who during the Bond Period of the attached Bond and while performing services for and on behalf of the Insured, have sustained bodily injury or death as a result of a natural person other than a member of the Board of Directors of the Insured or an Employee committing any act of theft, statutory larceny, robbery or burglary on the premises of the Insured.

2. The Single Loss Limit of Liability applicable to loss under this Insuring Agreement is limited to the sum of **\$25,000** excess of a Single Loss Deductible of **\$0**.
3. All other Terms, Conditions and Exclusions of the Financial Institution Bond for which this Rider is attached remain unchanged.
4. This Rider is effective as of 12:01 a.m. on _____ standard time as specified in the attached Bond /Policy.

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Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	See Form Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	Explanatory Memo.pdf
Item Status:	
Status Date:	

GREAT AMERICAN INSURANCE GROUP
FIDELITY / CRIME DIVISION
FINANCIAL INSTITUTION BOND STANDARD FORM 14
FINANCIAL INSTITUTION BOND STANDARD FORM 24

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